

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: LAAR HOUSE (510225)

Address: 1022 DIVISION STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 06/26/1993

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093408 **End Date:** 09/08/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009708 Served 09/14/2004

Deficiencies Cited
83.33(2)(g)3

Subject Area
CBRF ARRANGE HEALTH VISITS AND DOCUMENT

Compliance
Verified

Corrected

Survey ID: 0093314 **End Date:** 10/14/2003 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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Complaint History

Date Complaint Received: 07/31/2003

Date Investigation Completed: 08/06/2003

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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